

## GUIDELINES FOR COMPLETION OF NOTICE OF INTENT (NOI) FORM

Please adhere to the following guidelines:

Submit original, photocopy or facsimile copies. Facsimile and/or photo copies should be followed-up with an original signature copy as soon as possible. Please write "copy" under the "For Office Use Only" box in the lower right hand corner.

< Submit completed forms to:

Illinois Environmental Protection Agency  
Division of Water Pollution Control  
Permit Section  
Post Office Box 19276  
Springfield, Illinois 62794-9276  
or call (217)782-0610

< Reports must be typed or printed legibly and signed.

< If this is a change in your facility information, renewal, etc., please fill in your permit number on the appropriate line.

< **NOTE: FACILITY LOCATION IS NOT NECESSARILY THE FACILITY MAILING ADDRESS, BUT SHOULD DESCRIBE WHERE THE FACILITY IS LOCATED.**

< Use the formats given in the following examples for correct form completion.

	<u>Example</u>	<u>Format</u>
SECTION	12	1 or 2 numerical digits
TOWNSHIP	12N	1 or 2 numerical digits followed by "N" or "S"
RANGE	12W	1 or 2 numerical digits followed by "E" or "W"

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY**  
**NOTICE OF INTENT (NOI)**  
**GENERAL PERMIT TO DISCHARGE STORM WATER**  
**CONSTRUCTION SITE ACTIVITIES**

**OWNER INFORMATION**

NAME:	LAST	FIRST	MIDDLE INITIAL	OWNER TYPE:	(SELECT ONE)		
MAILING ADDRESS:				<input type="checkbox"/> PRIVATE	<input type="checkbox"/> COUNTY		
				<input type="checkbox"/> CITY	<input type="checkbox"/> SPECIAL DISTRICT		
				<input type="checkbox"/> FEDERAL	<input type="checkbox"/> STATE		
CITY:			STATE:			ZIP:	
CONTACT PERSON:			TELEPHONE NUMBER:	AREA CODE		NUMBER	

**CONTRACTOR INFORMATION**

NAME:				TELEPHONE NUMBER:	AREA CODE		NUMBER	
MAILING ADDRESS:			CITY:			STATE:	ZIP:	

**CONSTRUCTION SITE INFORMATION**

SELECT ONE:	<input type="checkbox"/> EXISTING SITE <input type="checkbox"/> NEW SITE <input type="checkbox"/> CHANGE OF INFORMATION			GENERAL NPDES PERMIT NUMBER:		ILR10 _____							
FACILITY NAME:				OTHER NPDES PERMIT NUMBERS:									
FACILITY LOCATION:	(Not necessarily the mailing address)			TELEPHONE NUMBER:		AREA CODE		NUMBER					
CITY:		STATE:	IL	ZIP:		LATITUDE:	DEG.	MIN.	SEC.	LONGITUDE:	DEG.	MIN.	SEC.
COUNTY:			SECTION:				TOWNSHIP:				RANGE:		
CONSTRUCTION START DATE:			CONSTRUCTION END DATE:				TOTAL SIZE OF CONSTRUCTION SITE IN ACRES:						

**TYPE OF CONSTRUCTION (SELECT ALL THAT APPLY)**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> OTHER
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**HISTORIC PRESERVATION AND ENDANGERED SPECIES COMPLIANCE**

HAS THIS PROJECT SATISFIED APPLICABLE REQUIREMENTS FOR COMPLIANCE WITH ILLINOIS LAW ON:			
HISTORIC PRESERVATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ENDANGERED SPECIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development and implementation of a storm water pollution prevention plan and a monitoring program plan, will be complied with.

OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MAIL COMPLETED FORM TO:

(DO NOT SUBMIT ADDITIONAL DOCUMENTATION UNLESS REQUESTED)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF WATER POLLUTION CONTROL  
ATTN: PERMIT SECTION  
POST OFFICE BOX 19276  
SPRINGFIELD, ILLINOIS 62794-9276

FOR OFFICE USE ONLY

LOG:
PERMIT NO. ILR10 _____
DATE:

Information required by this form must be provided to comply with 415 ILCS 5/39 (1996). Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.